

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7/5/02</u>		2 Serial/Patent # <u>09/998,004</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input checked="" type="checkbox"/>	Petition	<u>3</u>	<u>2/28/02</u> \$ <u>130.00</u>
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>130.00</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check
<input type="checkbox"/>	Duplicate Payment		Credit Deposit A/C #:
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 -- 1 4 3 0 </div>	
<u>Figures present on filing. Postcard receipt as proof.</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>		TITLE: <u>Petitions Attorney</u>	
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>308-6712</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Adam Kelly</u>		DATE: <u>7/14/02</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**